



# Get Smart News

Centers for Disease Control and Prevention

## Welcome!

This issue of our quarterly newsletter features updates of several antibiotic resistance and appropriate antibiotic use activities, as well as an annual progress report summary for the Get Smart: Know When Antibiotics Work campaign. Just as our partners and funded programs share their stories of success and obstacles, we want to share our experiences with you. We appreciate your continued interest and support.

*Patricia Cook*

Patricia Cook  
Program Director

## Get Smart Campaign Projects

### GET SMART 2004 ANNUAL REPORT

Since 1995, Centers for Disease Control and Prevention (CDC) has been involved in a national campaign to reduce antimicrobial resistance through promotion of more appropriate antibiotic use. This campaign is comprehensive and extensive, encompassing public media, professional education, and applied research and surveillance activities. Since antimicrobial drug use rates are high for children, the initial target group for the campaign has been the pediatric population. Reducing antibiotic prescriptions for childhood ear infections and for the common cold are Healthy People 2010 Objectives issued by the Department of Health and Human Services.

CDC's Get Smart: Know When Antibiotics Work campaign has five major areas of activity: distribute current practices and educational materials; fund sites and provide technical assistance to develop, implement, and evaluate local campaigns; promote a national media campaign; fund and support development and testing of medical curricula for students and residents; and fund and support development and testing of HEDIS measures. We have designed our intervention strategies to target both medical care providers and patients.

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## Noteworthy

### APRIL 26-29, 2005 CONFERENCE

*Register and reserve online:* Visit [www.cdc.gov/getsmart](http://www.cdc.gov/getsmart) for all the latest conference news, registration, and online hotel booking. Be sure to reserve your hotel room by March 26<sup>th</sup> to receive the discounted rate.

*Exhibits:* Be sure to tell us if you would like to be an exhibitor when you register for the conference. We encourage your participation. CDC-funded programs-showcase your best accomplishment/effort from the past 1 to 2 years...be creative!

*Dine-Around:* Tired of eating in the hotel every year? Come join us Wednesday evening (April 27) at your choice of several local restaurants for dinner, great conversation, and networking galore. Restaurant discounts will be offered to reduce the cost for participants.

*CDC-funded programs:* Don't forget to submit program abstracts by March 23<sup>rd</sup> and Innovation Award applications by March 25<sup>th</sup>.

### NEW CDC WEBSITE FOCUSES ON ANTIBIOTIC USE IN ANIMALS

The Get Smart: Know When Antibiotics Work on the Farm campaign now has a website. Please visit the site at [www.cdc.gov/narms/getsmart-farm.htm](http://www.cdc.gov/narms/getsmart-farm.htm).



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GET SMART PROJECTS)

The following list is a snapshot of some of the achievements of fiscal year 2004.

- Met or exceeded the 2001 targets for Healthy People 2010. One goal was to reduce antibiotics for ear infections for children under 5 (courses/100 children) from 69 courses to 66 by 2001. The actual number of courses was 59. Another goal was to reduce antibiotics for the common cold (courses/100,000 population) from 2535 courses to 2281 by 2001. The actual number of courses were 1770.
- Saw results of the national media launch (Sept. 2003). The TV PSA reached 86.5 million viewers at a value of \$766,438; the Radio PSA was heard by 160 million listeners at a value of \$1.2 million; the print ads reached 185 million viewers estimated at a \$7 million value; and Get Smart website traffic substantially increased (unique monthly visitors jumped from just 4,927 in August 2003 to 18,442 in January 2004).
- Evaluated technical assistance provided by Get Smart to the CDC-funded sites, and provided recommendations for project officers. For example, over half of the respondents (52.2%) thought a site visit might be valuable even though 75% have never received one. Both the funded sites and CDC staff suggested additional assistance such as: monthly newsletters, more technical resources, more structured program planning assistance, and start-up guide for newcomers.
- Established fourteen new partnerships in FY 2004, bringing the total to 105 partners. Additionally, \$17.5 million of in-kind work has been donated to the campaign since 1999.
- Funded 28 local-level sites to help support appropriate antibiotic use programs. Due to limited funds, no new sites were funded and many received less money than the year before.
- Received Distinguished Health Education award from CDC's Public Health Education and Promotion Network on Health Education Day, October 2003. This award included a \$50,000 prize that was used to support diversity activities.
- Hired a full-time Multicultural Outreach Coordinator to develop culturally-appropriate antibiotic use messages to diverse populations around the country. Since the diversity initiative began in June 2004, nearly 100 organizations were contacted and several have already begun work targeting minority communities.
- Started pharmacy initiative (June 2004), with several partners incorporating antibiotic resistance into their national education programs for internal constituents and/or the general public. The Get Smart campaign is seeking innovative ways to disseminate appropriate use and adherence messages via pharmacies. For example, Catalina Health Resource is working with us to place important antibiotic use messages on prescription information sheets. Also, we developed a community education PowerPoint presentation adapted from a product of the California Medical Association Foundation Speakers Bureau.
- Drafted evaluation manual for appropriate antibiotic use programs. We will distribute this manual to CDC-funded sites and to partners once it is approved by CDC.
- HEDIS measures regarding antibiotic utilization and adult bronchitis being developed by CAQH and NCQA.
- CDC Foundation has granted two new awards for curricula projects from their donations: one to Oregon Health and Science University for the residency program and the other to the Children's Hospital of Pittsburgh for the otitis media curriculum. The medical school curriculum was pilot-tested at six schools and will be launched at 25 medical schools.

#### **HEDIS MEASURE**

#### **PUBLIC COMMENT PERIOD**

February 22 - March 22, 2005

Go to [www.ncqa.org](http://www.ncqa.org) to review and comment on draft measures related to adult bronchitis and antibiotic utilization.

## **Educational Tools and Media**

### GET SMART MEDIA RELEASE

Get Smart's new Healthy Adult and Spanish public service announcements (PSAs) were released nationally in November and December. With the assistance of Ogilvy Public Relations, we strategically distributed packages to media outlets around the country. On January 6<sup>th</sup>, Dr. Rich Besser participated in a Satellite Media Tour with 13 television stations throughout the nation. A generic version of his interview was also available to stations that did not join the tour. Additionally, Spanish PSAs are appearing as ads on interior bus transit signage and bus shelters in NYC, Denver, Los Angeles, and Miami during January and February.

### NEW SPANISH BROCHURE

Get Smart is developing a culturally appropriate brochure on appropriate antibiotic use for Spanish speakers. Once the brochure is completed in Spring 2005, it will be available to Get Smart partners and the public.

### ACUTE OTITIS MEDIA UPDATE

Get Smart is revising its provider education academic detailing sheets to reflect the new guidelines for the diagnosis and management of acute otitis media released by AAP/AAFP in May 2004. The changes will affect the otitis media detailing sheet and the pediatric appropriate treatment summary. Both of these education pieces will be available to Get Smart partners and the public soon.

## Surveillance News

Local antimicrobial resistance surveillance data can be very useful for evaluating and focusing health education/behavioral change campaigns on appropriate antibiotic use. Surveillance data can provide a variety of information including proportions of resistant isolates from healthcare settings, clinical and demographic characteristics of cases of resistant disease, antibiotic prescription patterns over time, and more. Each form of surveillance data can contribute to our understanding of antibiotic use and antimicrobial resistance at the local level.

When undertaking an antimicrobial resistance surveillance activity, state or local health departments may save resources and gain access to existing data sources by collaborating with other organizations. For example, in Tennessee, Perz et al performed a three year study using managed care program data from TennCare, and case information collected through active surveillance (ABCs) to evaluate the success of a community-wide intervention that promoted appropriate antibiotic use.

The study goal was to determine changes in antibiotic use, antibiotic resistance, and respiratory-associated

physician visits among certain children <15 years of age served by TennCare. The surveillance data collected in this study guided local health education efforts. For example, the study identified an area where antimicrobial resistance was particularly high, indicating a need for intervention in that area. Second, during the study, TennCare data showed changes in antibiotic prescribing rates per visit that could be used to evaluate campaign progress, while ABCs data showed changes in resistance in the community.

Please see the reference below for additional details.

A lack of resources frequently prohibits the collection of multiple types of data within a single surveillance system. However, as the study in Tennessee has shown, local health education campaigns may benefit from collaborations between organizations with different sources of data.

Perz JF, Craig AS, Coffey CS, Jorgensen DM, Mitchel E, Hall S, et al. Changes in antibiotic prescribing for children after a community-wide campaign. *JAMA* 2002;287:3103-9.

## State and Local Program Updates and Resources

### DON'T FORGET TO SHARE RESEARCH AND EXPERIENCE

Everyone is starved for information about results related to antibiotic resistance program efforts. So it is very helpful when CDC-funded programs and Get Smart partners share what they have learned. If you have any results, outcomes, lessons learned, or ideas that you would like to share, please send them our way.

### WYOMING PROGRAM TARGETS PEDIATRICIANS

Recently, the CDC-funded Wyoming Department of Health program sent a mailer to pediatricians state-wide. The mailer included a sampling of Wyoming's educational materials, an order form, a survey, and a copy of a new children's book by Dr. Charlotte Cowan and The Hippocratic Press, *The Little Elephant with the Big Earache*. The Wyoming program secured additional funding for the purchase and mailing of this book, which features the story of a young elephant with an earache who is subsequently treated according to the new American Academy of Pediatrics guidelines on otitis media. The Wyoming program coordinator will follow-up with all of the pediatricians to assess the need for and use of the materials. To contact the Wyoming program, please visit [www.antibiotics.state.wy.us](http://www.antibiotics.state.wy.us).

## News from Other CDC Programs

### *Get Smart: Know When Antibiotics Work on the Farm*

Over the past year, we were excited to learn that several states have expanded their Get Smart activities to the veterinary community. Pennsylvania teamed up with students at Franklin Marshall College to interview farmers and consumers about their attitudes toward use in retail meats. A veterinarian in Wyoming created and completed a survey with veterinarians in the state regarding prescribing attitudes and infection control practices. A veterinarian in Washington State created a "Veterinary Network Notebook" that outlines the importance of collaboration between the public health and veterinary communities. Finally, a veterinarian from Michigan continued work with dairy farmers to create and utilize a regional antibiogram. We are pleased that so many recognized a problem and took the initiative to explore and create interventions. All of these projects and more will be highlighted at the 2005 Get Smart Conference in April.

Get Smart on the Farm is teaming up with the Rollins School of Public Health at Emory University in Atlanta to perform a needs assessment of health education materials in the area of antibiotic use in small animals. Veterinarians from general practice clinics in Atlanta will be interviewed about their knowledge of antibiotic resistance in companion animals and their use of antibiotics. Pet owners around the city will also be surveyed. We look forward to hearing the results of the study and sharing them with you.

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## Partnership News

### CDC Foundation Update

Pfizer recently funded the development of adult HEDIS measures for antibiotic use and the printing costs of a new Spanish brochure currently under development.

Additional funding is being pursued to:

- Develop a website clearinghouse providing up-to-date information on antibiotic resistance and tools for promoting appropriate antibiotic use in community settings
- Fund the second year of an innovative curriculum designed to help pediatric and family medicine residents more accurately diagnose otitis media

The CDC Foundation is an independent non-profit enterprise that forges effective partnerships between CDC and others to fight threats to health and safety. Additional information on this and other projects managed by the Foundation can be obtained at [www.cdcfoundation.org](http://www.cdcfoundation.org). For information on how you can help, please contact Julie Rodgers, Associate Director of Corporate and Foundation Relations at 404-653-0790 or [ayo2@cdc.gov](mailto:ayo2@cdc.gov).

A sincere thank you to all of the donors who contribute so generously to the Get Smart campaign.

### More on Partnerships

We have recently formalized new partnerships with several groups:

- ASPIRA Association, a national nonprofit organization devoted solely to the education and leadership development of Puerto Rican and other Latino youth
- National Council for Farmworker Health, dedicated to improving the health status of farmworker families by providing information services and products to a network of more than 500 Migrant Health Center service sites in the United States as well as other organizations and individuals serving the farmworker population
- National Indian Women's Health Resource Center, whose mission is to assist American Indian and Alaska Native women in achieving and maintaining optimal health and cultural well-being for themselves, their families, and their communities
- Chi Eta Phi Sorority, Inc., a professional association for registered professional nurses and student nurses
- Catalina Health Resource, a subsidiary of Catalina Marketing, which prints patient information and education messages on nearly 35% of all prescriptions written in the United States

For more information on partnering with Get Smart, please contact Patricia Cook, Program Director, at [pcook@cdc.gov](mailto:pcook@cdc.gov).

## News from Other CDC Programs

### *Preventing Antimicrobial Resistance in Healthcare Settings*

#### Campaign Featured at the 2005 Annual Conference of the Association for Professionals in Infection Control and Epidemiology (APIC)

CDC and the CDC Foundation have sponsored scholarships to recognize abstracts that describe successful implementation of at least one step or strategy of the Campaign to Prevent Antimicrobial Resistance in Healthcare Settings. The winning abstracts will be presented in a special session featuring the Campaign at the APIC Annual Conference that will be held June 20-23, 2005 in Baltimore, Maryland. Please check the APIC website ([www.apic.org](http://www.apic.org)) for more information about the APIC Annual Conference and the Campaign website ([www.cdc.gov/drugresistance/healthcare](http://www.cdc.gov/drugresistance/healthcare)) for proposed steps or strategies to reduce antimicrobial resistance in healthcare settings.

### Availability of Educational Materials for Community-associated Methicillin-resistant *Staphylococcus aureus* (CA-MRSA)

In response to requests for educational materials on CA-MRSA, we have compiled a database of publicly available CA-MRSA materials from state and local health departments. These resources include posters, articles, guidelines, fact sheets, PowerPoint presentations, flyers, and brochures targeting healthcare providers, general public, schools, athletes, daycare, and correctional facilities; many of these materials also are available in Spanish. A spreadsheet summarizing these resources was e-mailed to Get Smart funded programs in December 2004. CDC's current educational materials on CA-MRSA are posted on the web at <http://www.cdc.gov/ncidod/hip/ARESIST/mrsa.htm>.

If you have questions about the program or CA-MRSA educational materials, please contact Kristin Brinsley at [KBrinsley1@cdc.gov](mailto:KBrinsley1@cdc.gov).



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